



COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF MINES, MINERALS AND ENERGY  
DIVISION OF MINES  
PO DRAWER 900 • BIG STONE GAP, VIRGINIA 24219

## COMPLAINT INVESTIGATION REPORT

Company Name:			Mine Name or Number:		Report Date:	Mine Index Number:
Address:			Location:			MSHA ID Number:
City:	State:	ZIP:	County:	Office Phone Number:		Mine Phone Number:
Person with Overall Responsibility:				Person in Charge of Health and Safety:		
Investigated:						

Complaint Number:	Complaint Type:	Complaint Date/Time:	Investigation Complete:
-------------------	-----------------	----------------------	-------------------------

Complaint Description:

Complaint Investigation Comments:

---

, Investigator/Specialist



COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF MINES, MINERALS AND ENERGY  
DIVISION OF MINES  
PO DRAWER 900 • BIG STONE GAP, VIRGINIA 24219

TRACKING NO. \_\_\_\_\_

**REPORT OF VIOLATION FORM**

NAME OF COMPANY: \_\_\_\_\_

MINE NUMBER: \_\_\_\_\_ - \_\_\_\_\_

LOCATION OF COMPANY: \_\_\_\_\_

DATE AND TIME ALLEGED VIOLATION RECEIVED: \_\_\_\_\_ - \_\_\_\_\_

NATURE OF ALLEGED VIOLATION:

DELIVERED TO:

\_\_\_\_\_  
AGENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TIME

INVESTIGATION COMPLETE:

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TIME